

General

Title

Initiation of alcohol and other drug (AOD) treatment: percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Access

Secondary Measure Domain

Clinical Quality Measure: Process

Brief Abstract

Description

This measure is used to assess the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis.

See the related National Quality Measures Clearinghouse (NQMC) summary of the National Committee for Quality Assurance (NCQA) measure [Engagement of alcohol and other drug \(AOD\) treatment: percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.](#)

Rationale

There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. Treatment of medical problems caused by substance abuse places a huge burden on the health care system (Schneider Institute for Health Policy & Brandeis University, 2001).

Identifying people with alcohol and other drug (AOD) disorders is an important first step in the process of care, but identification often does not lead to initiation of care (McCorry et al., 2000). Someone may not initiate treatment because of the social stigma associated with AOD disorders, denial of the problem or lack of immediately available treatment services (McCorry et al., 2000). This measure is designed to ensure that treatment is initiated once the need has been identified, and permits comparison of effectiveness in initiating care.

Evidence for Rationale

McCorry F, Garnick DW, Bartlett J, Cotter F, Chalk M. Developing performance measures for alcohol and other drug services in managed care plans. Washington Circle Group. Jt Comm J Qual Improv. 2000 Nov;26(11):633-43. [PubMed](#)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Schneider Institute for Health Policy, Brandeis University. The nation's number one health problem. Princeton (NJ): Robert Wood Johnson Foundation; 2001.

Primary Health Components

Alcohol and other drug (AOD) dependence; initiation of treatment; adolescents

Denominator Description

Adolescent and adult members age 13 years and older as of December 31 of the measurement year, with a Negative Diagnosis History, with a new episode of alcohol or other drug (AOD) dependence during the Intake Period (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Initiation of alcohol and other drug (AOD) treatment through an inpatient admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of diagnosis (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed

Additional Information Supporting Need for the Measure

- Alcohol and other drug (AOD) dependence is common across many age groups and a cause of morbidity, mortality and decreased productivity.
- In 2012, an estimated 23.1 million Americans (8.9 percent) needed treatment for a problem related to drugs or alcohol, but only about 2.5 million people (1 percent) received treatment (National Institute on Drug Abuse [NIDA], "Nationwide," 2014).
- Abuse of alcohol and illicit drugs totals more than \$700 billion annually in costs related to crime, lost work productivity and health care (NIDA, "Drugs, brain," 2014).
- Abuse of alcohol, illicit and prescription drugs contributes to the death of more than 90,000 Americans each year (NIDA, "Drugs, brain," 2014).
- There is strong evidence that treatment for AOD dependence can improve health, productivity and social outcomes, and can save millions of dollars on health care and related costs.

Evidence for Additional Information Supporting Need for the Measure

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

National Institute on Drug Abuse (NIDA). Drugs, brains, and behavior: the science of addiction. [internet]. Bethesda (MD): National Institutes of Health (NIH); 2014 [accessed 2014 Jun 19].

National Institute on Drug Abuse (NIDA). Nationwide trends. [internet]. Bethesda (MD): National Institutes of Health (NIH); 2014 [accessed 2014 Aug 20].

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Emergency Department

Hospital Inpatient

Hospital Outpatient

Managed Care Plans

Substance Use Treatment Programs/Centers

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 13 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

January 1 to November 15 of the measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Institutionalization

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Adolescent and adult members age 13 years and older as of December 31 of the measurement year, with a Negative Diagnosis History, with a new episode of alcohol or other drug (AOD) dependence during the Intake Period.

Identify all members in the specified age range who during the Intake Period had one of the

following:

An outpatient visit, intensive outpatient visit or partial hospitalization with a diagnosis of AOD.

Any of the following code combinations meet criteria:

IET Stand Alone Visits Value Set *with* AOD Dependence Value Set

IET Visits Group 1 Value Set *with* IET POS Group 1 Value Set *and* AOD Dependence Value Set

IET Visits Group 2 Value Set *with* IET POS Group 2 Value Set *and* AOD Dependence Value Set

A detoxification visit (Detoxification Value Set)

An emergency department (ED) visit (ED Value Set) with a diagnosis of AOD (AOD Dependence Value Set)

An acute or nonacute inpatient discharge with either a diagnosis of AOD (AOD Dependence Value Set) or an AOD procedure code (AOD Procedures Value Set). To identify acute and nonacute inpatient discharges:

Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set)

Identify the discharge date for the stay

For members with more than one episode of AOD, use the first episode.

For member whose first episode was an ED visit that resulted in an inpatient event, use the inpatient discharge.

Note:

Members must have been continuously enrolled 60 days (2 months) prior to the Index Episode Start Date (IESD) through 44 days after the IESD (105 total days) with no gaps in enrollment.

IESD: The earliest date of service for any inpatient, intensive outpatient, partial hospitalization, outpatient, detoxification or ED encounter during the Intake Period with a diagnosis of AOD.

For an outpatient, intensive outpatient, partial hospitalization, detoxification, or ED visit (not resulting in an inpatient stay), the IESD is the date of service.

For an inpatient (acute or nonacute) event, the IESD is the date of discharge.

For an ED visit that results in an inpatient event, the IESD is the date of the inpatient discharge.

For direct transfers, the IESD is the discharge date from the second admission.

Intake Period: January 1 to November 15 of the measurement year. The Intake Period is used to capture new episodes of AOD.

Index Episode: The earliest inpatient, intensive outpatient, partial hospitalization, outpatient, detoxification or ED visit during the Intake Period with a diagnosis of AOD.

Negative Diagnosis History: A period of 60 days (2 months) before the IESD when the member had no claims/encounters with a diagnosis of AOD dependence.

For an inpatient event, use the admission date to determine the Negative Diagnosis History.

For ED visits that result in an inpatient event, use the ED date of service to determine the Negative Diagnosis History.

For direct transfers, use the first admission to determine the Negative Diagnosis History.

Exclusions

Test for Negative Diagnosis History. Exclude members who had a claim/encounter with a diagnosis of AOD (AOD Dependence Value Set) during the 60 days (2 months) before the IESD.

Exclude members if the initiation of treatment event is an inpatient stay with a discharge date after December 1 of the measurement year.

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase HEDIS Volume 2, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Initiation of alcohol and other drug (AOD) treatment through an inpatient admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the Index Episode Start Date (IESD)

If the Index Episode was an inpatient discharge, the inpatient stay is considered initiation of treatment and the member is compliant.

If the Index Episode was an outpatient, intensive outpatient, partial hospitalization, detoxification or emergency department (ED) visit, the member must have an inpatient admission, outpatient visit, intensive outpatient encounter, or partial hospitalization, with a diagnosis of AOD, on the IESD or in the 13 days after the IESD (14 total days). If the IESD and the initiation visit occur on the same day, they must be with different providers in order to count. Any of the following code combinations meet criteria:

An acute or nonacute inpatient admission with a diagnosis of AOD (AOD Dependence Value Set). To identify acute and nonacute inpatient admissions:

Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set)

Identify the admission date for the stay

IET Stand Alone Visits Value Set *with* AOD Dependence Value Set

IET Visits Group 1 Value Set *with* IET POS Group 1 Value Set *and* AOD Dependence Value Set

IET Visits Group 2 Value Set *with* IET POS Group 2 Value Set *and* AOD Dependence Value Set

Exclusions

Do not count events that include inpatient detoxification or detoxification codes (Detoxification Value Set) when identifying initiation of treatment.

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase HEDIS Volume 2, which includes the Value Set Directory.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial, Medicaid, and Medicare plans.

Report two age stratifications and a total rate:

13 to 17 years
18 years and older
Total

The total is the sum of the age stratifications.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Initiation and engagement of alcohol and other drug dependence treatment (IET): initiation of AOD treatment.

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Access/Availability of Care

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

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Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2016 Feb 8

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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